



Griffith Volunteer Fire Department, INC.



Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Social Security Number		Date of Application	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)		Drivers License Number	

1. Are you married? Spouses Name _____ Yes _____ No _____
2. Do you have a CDL? Yes _____ No _____
3. Do you have a chaffer's license? Yes _____ No _____
4. Name of current employer: _____
5. May we contact your present employer? Yes _____ No _____
6. Job title: _____
7. Employer's address: _____
8. Employer's phone number: _____
9. Can you leave work to answer calls? Yes _____ No _____
10. What is your current work schedule? Days _____ Shift _____
11. Have you ever been a member of another fire department? Yes _____ No _____
If yes, where _____
How long _____
12. Have you ever served in the military? Yes _____ No _____
13. I currently _____ own a home/ _____ rent.
14. How long have you lived at this address?

15. What was your previous address?

EDUCATION:

	Name of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate/ Professional				
Other (please specify)				

ADDITIONAL INFORMATION:

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Special Skills

Check Skills/ Equipment Operated

First Aid _____ Plant Safety _____ Haz-Mat _____ Fire Training _____

Other (list):

Physical

Date of Birth _____ Age _____ Height _____ Weight _____

Eye Color _____ Hair Color _____

List any chronic physical problems (e.g. asthma, heart disease, diabetes, etc)

Do you take any prescription medication? Yes _____ No _____

If yes, please explain.

Do you require glasses? Yes _____ No _____

Do you require a hearing aid? Yes _____ No _____

Will you consent to a drug test? Yes _____ No _____

REFERENCES

Give the names of three people not related to you, whom you have know for at least one year.

Name

Phone Number

1. _____
2. _____
3. _____

APPLICANTS STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be on file for one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization.

Signature of Applicant

Date